

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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34						
35						
36						
37						
38	1					
39						
40						
41		1				
42						
43	1					
44		4				
45			4			
46			4			
47						
48		4				
49						
50						
Total	Indep	2				
Total	Depend	18				
Total	Claims	20				

	Indep	Depend	Indep	Depend	Indep
51					
52					
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98					
99					
100					
Total	Indep				
Total	Depend				
Total	Claims				